



Attorney Docket No. 053663-5017  
JOINT

**DECLARATION AND POWER OF ATTORNEY**  
(Original Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

**TREATMENT OF SCHIZOPHRENIA**

the specification of which was filed on April 24, 2003 as Application No. 10/422,119.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information which is material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

**FOREIGN PRIORITY APPLICATION(S)**

			Priority Claimed [ ] Yes [ ] No
(Number)	(Country)	(Day/month/year filed)	
			[ ] Yes [ ] No
(Number)	(Country)	(Day/month/year filed)	

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below and have also identified below any United States provisional patent application(s) having a filing date before that of the application on which priority is claimed:

**PROVISIONAL PRIORITY PATENT APPLICATION(S)**

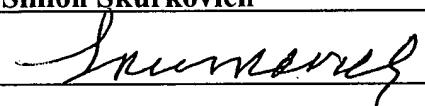
		<b>Priority Claimed</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
(Application No.)	(Filing Date)	
		<b>Priority Claimed</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
(Application No.)	(Filing Date)	
		<b>Priority Claimed</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
(Application No.)	(Filing Date)	

And I hereby appoint the registered attorneys and agents associated with  
**MORGAN, LEWIS & BOCKIUS, L.L.P., Customer No. 028977**, as my attorneys or agents  
with full power of substitution and revocation, to prosecute this application and to transact all  
business in the Patent and Trademark Office connected therewith.

Address all correspondence to **Customer No. 028977**, namely, **MORGAN,**  
**LEWIS & BOCKIUS, L.L.P.**, 1701 Market Street, Philadelphia, Pennsylvania 19103. Please  
direct all communications and telephone calls to Kathryn Doyle, Ph.D., J.D. at (215) 963-4723.

I hereby declare that all statements made herein of my own knowledge are true  
and that all statements made on information and belief are believed to be true; and further that  
these statements were made with the knowledge that willful false statements and the like so  
made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the  
United States Code and that such willful false statements may jeopardize the validity of the  
application or any patent issuing thereon.

Full name of first joint inventor, if any Boris Skurkovich   
Inventor's Signature \_\_\_\_\_  
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Full name of second joint inventor, if any Simon Skurkovich   
Inventor's Signature Simon Skurkovich  
Date 8/9/03  
Residence Rockville, Maryland  
Citizenship United States  
Post Office Address 802 Rollins Avenue  
Rockville, MD 20852



PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re:	Patent Application of Skurkovich, et al.	: Group Art Unit: Not Yet Assigned
		: :
		: :
Appln. No.:	Not Yet Assigned	: Examiner: Not Yet Assigned
		: :
Filed:	Herewith	: :
		: :
For:	TREATMENT OF SCHIZOPHRENIA	: Attorney Docket No. : 53663-5017-01

**DECLARATION OF SIMON SKURKOVICH PURSUANT TO 37 C.F.R. § 1.102(c)**

I hereby declare as follows:

1. I am the same Simon Skurkovich who is a co-inventor, along with Boris Skurkovich, of the invention described and claimed in the above-identified application.
2. I am over 65 years of age.

I declare further that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Date:

7-3-2003

  
SIMON SKURKOVICH